

TRAVEL VOUCHER (Relocation)

SECTION A – IDENTIFICATION

1. TRAVEL AUTHORIZATION NO.	2. SOCIAL SECURITY NO. 	3. NAME (Last) (First) (Middle Initial)						4. AGENCY CODE	
5. AGENCY ORIGINATING OFFICE NUMBER	6. TRAVELER ORIGINATING OFFICE NUMBER	7. DATES OF TRAVEL EXPENSES FROM Month Day Year THRU Month Day Year						8. TYPE CLAIM (Indicate one type only) HH : Hse hunting SR = Supp TS : Trans Stn OT = Outside RC : Relo Contr Cont. RI = RIT U.S.	9. RECLAIM AMOUNT INCLUDED
10. DATE REPORTED AT NEW OFFICIAL DUTY STATION Month Day Year	11. LEAVE TAKEN Y = Yes N = No		12. OFFICIAL DUTY STATION CITY AND STATE				13. RESIDENT CITY AND STATE (If other than official station)		
	14. TOTAL NIGHTS LODGING		15. NUMBER OF NIGHTS IN APPROVED ACCOMMODATIONS PER THE FIRE SAFETY ACT STANDARDS						

SECTION B – TRAVEL VOUCHER MAILING ADDRESS OPTIONS

SECTION D – CLAIMS

16. SALARY ADDRESS	17. T&A CONTACT POINT	18. SPECIAL ADDRESS	19. TRAVEL EFT ACCT.	26. TOTAL SALES PRICE OF FORMER RESIDENCE	\$
1. (35)				27. TOTAL PURCHASE PRICE OF NEW RESIDENCE	\$
				28. EXPENSES CLAIMED BY RELOCATION SERVICES COMPANY (For Type Claim RC Only, Invoice Attached)	
2. (35)				a. APPRAISED VALUE SALES FEE	\$
				b. AMENDED VALUE SALES FEE	\$
3. City (20) State (2) Zip Code (9)				c. CANCELLATION FEES	\$
				EXPENSES CLAIMED BY EMPLOYEE	
SECTION C – TRANSPORTATION COSTS				29. OUTSIDE CONT. U.S. SUBSISTENCE (Type Claim OT Only)	

SECTION C – TRANSPORTATION COSTS

20. METHOD OF PAYMENT	21. VENDOR/ CARRIER	22. IDENTIFICATION NUMBER	23. CAR RENTAL		24. AMOUNT	LOCATION		NO. OF DAYS	AMOUNT	
			MILES	DAYS		CITY	ST			
					\$				\$	
If payment was made by traveler, complete Section G on reverse.					\$	TOTAL OUTSIDE CONT. U.S. SUBSISTENCE			\$	
TOTALS										

25. AIRLINE ACCOMMODATIONS	<input type="text"/>	Excess fare (Check If Applicable)	<input type="text"/>	Non-contract (Insert Code)	30. REAL ESTATE (Paid by Employee)	AMOUNT	

SECTION E – ACCOUNTING CLASSIFICATION

50. AUTHORIZATION ACCOUNTING (Check this block if accounting from travel authorization is to be charged for the total voucher claim.)			b. PURCHASE EXPENSE (AD-424 Attached)					
			c. LEASE TERMINATION EXPENSE					
51. DISTRIBUTED ACCOUNTING (Check this block and distribute total claim from Section D to the applicable Accounting Classification line.)			31. PER DIEM No. of Days [] LODGING & IE No. Travelers [] MEALS					
PURPOSE CODE	ACCOUNTING CLASSIFICATION	PERCENTAGE						
		%	32. MILEAGE Rate [¢ Miles [] Rate [¢ Miles [] Rate [¢ Miles [] Rate [¢ Miles []					
			33. PARKING TOLLS, ETC.					
			34. PLANE, BUS, TRAIN (Paid by Traveler)					
			35. UNACCOMPANIED BAGGAGE					
			36. LOCAL TRANSPORTATION					
			37. MISCELLANEOUS EXPENSES/ALLOWANCE					
			38. CAR RENTAL					
			39. SHIPMENT OF HOUSEHOLD GOODS					
	THESE PERCENTAGES MUST EQUAL 100%							

SECTION F – CERTIFICATIONS

FRAUDULENT CLAIM. Falsification of an item in an expense account will result in a forfeiture of the claim (28 USC 2514) and may result in a fine of not more than \$10,000 or imprisonment for not more than 5 years or both (18 USC 287; i.d. 1001). **CLAIMANT'S RESPONSIBILITIES AND SIGNATURE.** I hereby assign to the United States any rights I may have against other parties in connection with any reimbursable carrier transportation charges described herein. I have received no payment for claims shown herein. All travel and reimbursable claims were incurred on official business of the United States Government. All tickets, coupons, promotional items and credits received in connection with travel claimed on this voucher have been accounted for as required by FPMR 101-7 and other regulations. I have reviewed this voucher and certify it to be correct.

52. CLAIMANT'S SIGNATURE				53. DATE Month Day Year		54. FINAL VOUCHER INDICATOR Y = Yes N = No		No. of Occupants []				
APPROVING OFFICER'S RESPONSIBILITIES AND SIGNATURE. In approving this voucher, I have determined that: (1) Reimbursement is claimed for official travel only; (2) Use of rental car, taxicab, or other special conveyance for which reimbursement is claimed is to the Government's advantage; and (3) Long distance phone calls and supplies or equipment purchased are necessary and in the interest of the Government. Note: To approve long distance phone calls, approving officer must have written authorization from Agency Head or his/her designee (31 USC 1348).								42. RELOCATION INCOME TAX (AD-1000 Attached)				
								43. TOTAL CLAIM (Block 29 THROUGH 42)		\$		
								44. TRAVEL ADVANCE AMOUNT OUTSTANDING				
55. APPROVING OFFICER'S SIGNATURE						56. SOCIAL SECURITY NO.		45. AMOUNT OF VOUCHER (Block 43) TO BE APPLIED TO OUTSTANDING BILL ADVANCE (Block 44)				
57. NAME AND TITLE (Last, First, Middle Initial) (Type or Print)								46. AMOUNT OF VOUCHER (Block 43) TO BE APPLIED TO OUTSTANDING BILL FOR COLLECTION				
								AGENCY CODE				
58. DATE APPROVED Month Day Year			59. PHONE (Area Code and No.)					BILL NO.				
60. CONTACT PERSON						61. PHONE (Area Code and No.)		47. ADDITIONAL ADVANCE AMOUNT REPAID (Check or Money Order Attached)				

Upon completion and approval, submit original voucher to:

U. S. Department of Agriculture
National Finance Center
P. O. Box 60000
New Orleans, LA 70160

48. REMAINING ADVANCE BALANCE (Block 43 Minus Blocks 45 and 47)			
49. NET TO TRAVELER (Block 43 Minus Blocks 45 and 46)	\$		
AUDITED BY	TOTAL DIFFERENCE		

SOCIAL SECURITY NO.			TRAVELER'S NAME						
SECTION G – SCHEDULE OF EXPENSES AND AMOUNTS CLAIMED									
ITINERARY FROM									Transfer these totals to Section D on Voucher Front. If additional days are required, use continuation sheet
DATE (Month/Day)									
CITY									
STATE									
TIME									
TO									
DATE (Month/Day)									
CITY									
COUNTY									
STATE									
TIME									
PER DIEM									TOTAL NO. DAYS
NO. OF DAYS									
LODGING & INCIDENTAL EXPENSES (Receipt Required for Lodging)									TOTAL LODGING & IE
MEALS									TOTAL MEALS
MILEAGE									TOTAL MILES
MILES									
RATE PER MILE		\$	\$	\$	\$	\$	\$	\$	
MILEAGE AMOUNT									TOTAL MILEAGE \$
PARKING, TOLLS, ETC.									TOTAL PARKING \$
PLANE, BUS, TRAIN (Paid By Traveler)									TOTAL PLANE, BUS, TRAIN \$
UNACCOMPANIED BAGGAGE									TOTAL UNACCOMPANIED BAGGAGE \$
LOCAL TRANSPORTATION NO. TRIPS									TOTAL LOCAL TRANSPORTATION
DAILY EXPENSE									\$
MISCELLANEOUS EXPENSES/ ALLOWANCES									TOTAL MISCELLANEOUS \$
CAR RENTAL (Paid by Traveler) Receipt and Car Rental Agreement Required									TOTAL CAR RENTAL
RENTAL EXPENSE									
GASOLINE EXPENSE									\$
SHIPMENT OF HOUSEHOLD GOODS PAID BY TRAVELER (Weight Certificate of Bill of Lading Required)									
TOTAL WEIGHT OF GOODS SHIPPED		X	COMMUTED RATE	=	TOTAL	+	ADDITIONAL ALLOWANCES	=	TOTAL SHIPMENT AMOUNT
		\$		\$		\$		\$	
STORAGE OF HOUSEHOLD GOODS									
TEMPORARY STORAGE		NUMBER OF DAYS CLAIMED	TOTAL WEIGHT OF GOODS	ACTUAL CHARGES	COMMUTED RATE CHARGES	CLAIM LESSER AMOUNT AND DISTRIBUTE TO APPLICABLE PERIOD OF STORAGE		1ST 30 DAYS AMOUNT \$	
				\$	\$	\$		OVER 30 DAYS AMOUNT \$	
REMARKS									
PRIVACY ACT NOTICE. The following information is provided to comply with the Privacy Act of 1974 (P.L. 93–579). The information requested on this form is required under the provisions of 5 U.S.C., Chapter 257 (as amended) and Executive Orders 11609 of July 22, 1971, and 11012 of March 27, 1962, for the purpose of recording travel expenses incurred by the employee and to claim other entitlements and allowances as prescribed in the Federal Travel Regulations (41 CFR 301–304). The information contained in this form will be used by Federal Agency officers and employees who have a need for such information in the performance of their duties. Information will be transferred to appropriate Federal, State, local or r/foreign agencies, when relevant to civil, criminal, or regulatory investigations or prosecutions or pursuant to a requirement by GSA or such other agency in connection with the hiring or firing, or security clearance, or such other investigations of the performance of official duty in Government service. Failure to provide the information will result in delay or suspension of the employee's claim for reimbursement.									